



Division of Environmental Health

403 S 7th Street, Rm 248, Denton, MD 21629

Health Officer, Scott T. LeRoy, MPH, MS

Caroline County Food Service Application

FOOD SERVICE FACILITY PERMIT APPLICATION

- ☐ New facility
☐ Change in ownership

Facility Name: _____

Former Facility Name: _____

Facility (911) Address: _____

Facility Phone: _____

Facility Property Tax ID (located on tax bill): _____

Applicant Name: _____

Mailing Address: _____

Daytime Phone: _____ Fax: _____

Email: _____

Days and Hours of Operation: _____

Number of seats: _____

Please complete the attached Maryland Worker's Compensation compliance statement and submit with this application.

Applicant Statement: Application is hereby made for a permit to operate a Food Service Facility, in accordance with COMAR 10.15.03. I hereby certify that the information in this application is correct.

Applicant Signature: _____ Date: _____

-----Health Department Use Only-----

Date Received:	Receipt # & Fee	Reviewed By:	Priority:	Date Permit Issued:

Training & Policies

Personal Health & Sanitation (COMAR 10.15.03.14)

1. Submit your policies on food worker illness, employee hygiene, & sanitation (which includes dress code and hand washing).

- At a minimum, you must include your plan to exclude or restrict food workers who are sick or have infected cuts and lesions.

NOTE: You must be familiar with food borne diseases that are reportable by law: Norovirus, Hepatitis A, Shigella, *Salmonella* spp., and *E. coli*

- Education for your employees on personal hygiene.
- How you plan to correct any deficiencies found within your operation.
- Frequency of training.

Thermometers (COMAR 10.15.03.09)

1. List the types of food thermometers (0-220°F) that food handlers will be using and where the thermometers will be kept.
2. How do you calibrate your food probe thermometers and how often? Who is responsible for calibrating thermometers?
3. Describe how you will clean and sanitize your probe thermometer.

Sanitization (COMAR 10.15.03.16)

1. What type of chemical sanitizer do you use: ☐chlorine ☐quaternary ammonium ☐iodine
2. At what concentration do you use this sanitizer? _____
3. What type of test kit do you have? _____
4. When do you use your test kit? _____

5. What is the proper manual dish wash procedure for a 3 compartment sink?
6. Describe how cutting boards, counter tops, equipment and other food contact surfaces that are too big to be submerged into sinks and too big for the dishwasher are cleaned and sanitized.

Food Preparation (COMAR 10.15.03.09)

1. Identify where raw and ready-to-eat food (including washing produce) will be prepared.
2. Will any animal food products be served raw or undercooked? (ex: hamburgers, eggs, steaks, sushi, steak tartar, oysters on the half shell) ☐Yes ☐No
 - 2a. If yes, list all food items that you will serve raw or partially cooked.
 - 2b. If yes, a consumer advisory will be required for those food items listed above. A copy of this regulation can be provided upon request.
 - 2c. If serving raw fish (sushi, lox, ceviche) parasite destruction must be done by the supplier. Provide the name of your supplier and documentation to show parasite destruction.
3. Will any foods be processed within the facility? (smoking meats, sous vide, canning, specialty processing, etc.) ☐Yes ☐No
 - If yes, describe food processing within your facility:

4. Describe procedures used to restrict bare hand contact with ready-to-eat foods.

5. Will salads such as tuna, egg, chicken, macaroni, pasta and potato be prepared from scratch in your facility? ☐Yes ☐No

- If yes, will the ingredients be:
 - ☐pre-chilled before being mixed or assembled; or
 - ☐cooled from 70°F to 41°F within 4 hours?

6. What is done with leftover food?

7. Will food be transported to another location? Example: for a catering operation or satellite kitchen
☐Yes ☐No

- List all of the proposed equipment to be utilized for transport, holding and serving.

- All catering must be addressed in the proposed HACCP plan.

- Please describe the proposed catering operation in writing. The proposal must address transport and on site procedures for hand washing, on site food preparation (if applicable), food storage, serving foods, and how utensils & equipment will be cleaned and sanitized on site, etc.

Holding Food Temperatures Cold & Hot (COMAR 10.15.03.06)

Note: You must adhere to maximum and minimum temperature requirements.

1. Refrigerated food must be maintained at 41°F or colder. How did you determine the amount of cold storage/holding that you will need for your operation?
2. How will you ensure that each refrigerator has a working thermometer and that the temperature is maintained at 41°F or colder?
3. If you will be using ice for keeping food cold such as in a salad bar, how should the food be stored in the ice? Please describe:
4. Describe your procedure product rotation of potentially hazardous food items. (ex: time & date stamp)
5. How will you store raw animal food to prevent contamination of ready-to eat food?

Note: When storing raw animal products above one another, their storage must be based on the final required cooking temperature of each animal product. The animal product with the lowest cooking temperature must be stored above other raw animal products that require a higher cooking temperature (e.g., raw fish above raw ground beef).
6. How and where will frozen food be thawed?
7. What type of equipment will you use for holding food hot?
8. How will you ensure that food is at the required temperature throughout the day?
9. Describe how food temperatures (hot and cold) will be maintained while in transport and at the catered site or satellite kitchen(s).

Cooling (COMAR 10.15.03.11)

1. Identify the equipment that will be used for rapid cooling, including ice baths and refrigeration.
2. How will food handlers know that the food has cooled from 135°F to 70 °F within two hours and then from 70°F to 41°F within 4 hours?
3. In the appropriate box below, list menu items that will be cooled.

	Solid Thick Foods: (e.g. Roasts)	Soft Thick Foods: (e.g. Chili, Stew, Beans, Potatoes)	Thin Foods: (e.g. Clear Broths)
Loosely covered, stored at a depth <3 inches*			
Reduce Volume or Size			
Ice Bath with frequent stirring**			
Other (Describe)			

* Adequate and appropriate refrigeration is required

** Food-preparation sink and ice machine are required

Cooking & Reheating (COMAR 10.15.03.10 & .11)

1. Describe how the food worker will know when products have achieved the minimum internal cooking or reheating temperature:

Note: Required cooking temperatures are listed in the COMAR regulations governing "Food Service Facilities"

2. For reheating, how will the cook know that all parts of the food being reheated have reached at least 165°F for 15 seconds within 2 hours?

3. Identify all equipment that will be used for rapid reheating:

- ☐ Microwave
- ☐ Conventional Oven
- ☐ Convection Oven
- ☐ Griddle
- ☐ Stove top
- ☐ Other: _____

Self Service

1. Will you provide self-service food to your customers? (salad bar, buffet line, hot dog grill, etc.)

- ☐ Yes
- ☐ No

3. How will you protect food in self-service areas from customer contamination?

State Of Maryland

Department of Health and Mental Hygiene

Larry Hogan, Governor

Dennis R. Schrader, Secretary

Office of Food Protection and Consumer Health Services

Alan L. Taylor, Director

Statement of Compliance with Worker's Compensation Act

Mental Health-General Code Annotated Section 1-202 requires that before any license or permit may be issued under the Health-General Article, the employer must file a certificate of compliance listing a worker's compensation insurance policy or binder number. Every employer who has employees anywhere in the United States, any United States Territory or United States possession, even if there are no employees in Maryland, must provide this information. This statement of compliance is based on the worker's compensation law applicable in the state in which the licensee is based.

1. I have Worker's Compensation Insurance:

Insurance company name: _____

Policy or Binder number: _____

2. A waiver has been received from the Worker's Compensation Commission. (Attach copy of waiver)

3. As provided, I am exempt from the having the Worker's Compensation Insurance.

(Attach copy of Certificate of Compliance)

4. I am self-insured. Approval of self-insurance has been received from Worker's Compensation Commission.

(Attach a copy of the Certification of Compliance)

5. I am self-employed. I have no employees.

Circle the number of the option above which applies to you, provide the requested information, sign and date the form below and return it with the application.

Signature

Date

Company Name

Title

Company Address

Food Service Permit

Type of License

FOR OFFICE USE ONLY

New permit/license _____ Approved _____ Denied _____ Hold _____

Reason _____

By _____ Date _____

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